## E-TEACHER SCHOLARSHIP PROGRAM APPLICATION FORM

**REGIONAL ENGLISH LANGUAGE OFFICE** 

E-mail: KyivRELO@state.gov Tel.: (044) 490 41 45 Fax: (044) 490 40 50

Please submit the completed request form to the address above

1. CONTACT INFORMATION
Candidate's Name:
Candidate's Title and/or Position:
Institution Name:
Primary E-mail Address:
Secondary E-mail Address:
Phone Number:
Mailing Address:
Postal Index:
2. REASONS FOR YOUR PARTICIPATION
Briefly explain why participation in the course is important for you and how and where you are going to share the gained knowledge. Please give specific examples as to why this particular topic is relevant to your teaching.
3. PLEASE CONFIRM THAT YOU MEET THE REQUIREMENTS OF THE PROGRAM BY CHECKING THE BOXES BELOW:
<ul> <li>Yes, I have regular and reliable access to high-speed Internet connection</li> <li>Yes, I have advanced English language reading and writing skills at an equivalent to a TOEFL score of 550 or IBT score of 79-80</li> <li>Yes, I commit to spending 8-10 hours a week on-line to participate in the course</li> <li>Yes, I commit to share the gained knowledge through making presentations in my region and at the Embassy initiated events in other regions of Ukraine</li> </ul>